Application	or Docket	Number
·	O. 2001101	11011100

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I						SMALL ENTITY		OTHER THAN					
TOTAL CLAIMS			(Column 1)		COIL	(Column 2)		TYPE		OR 7	· · · · · ·	L ENTITY	
		10		· · ·			RATE	FEE		RATE	FEE		
FOR		NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00		
TO	OTAL CHARGE	ABLE CLAIMS	20 minus 20=					X\$ 9=		OR	X\$18=		
⊢	DEPENDENT C		# minus 3 = *		<u> </u>			X43=		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	856		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2) (Co					(Column 3)	_	SMALL	ENTITY	OR	SMALL E	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAINA	=		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
							L	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	P	DDIT. FEE L			ADDIT. FEE		
~	,	CLAIMS		HIGH	EST		Iг		ADDI-	. 1	. 1	ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
AMENDMENT	Total	*	Minus	**	• • • •	=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		= .		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		 -						
							L	+145=		OR	+290=		
							· A	TOTAL DDIT. FEE	·	OR	TOTAL ADDIT. FEE		
,		(Column 1)		(Colum		(Column 3)	ł.		•		•••	· [
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	┢	X43=			X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		+			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=			
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	ΑI	TOTAL DDIT. FEE		OR A	TOTAL DDIT. FEE		
		iber Previously Paid					foun	d in the appr	opriate box	in colu	ımn 1.	l	